

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Cooperative of American Physicians IE Committee

ADDRESS (number and street)

333 S Hope St 8th Floor

☐Check if different
than previously
reported. (ACC)

Los Angeles

CA

90071

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00492116

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☒

Special (12G)

Election on

05

17

2011

in the
State of

CA

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

01

01

2011

through

04

27

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kirk Alan Pessner

Signature of Treasurer

Electronically Filed by Kirk Alan Pessner

Date

05

02

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Cooperative of American Physicians IE Committee

Report Covering the Period: From: M M
0 1 D D
0 1 Y Y Y Y
2 0 1 1 To: M M
0 4 D D
2 7 Y Y Y Y
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2 0 1 1		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	1200415.16	1200415.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1200415.16	1200415.16
7. Total Disbursements (from Line 31)	146035.54	146035.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1054379.62	1054379.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Cooperative of American Physicians IE Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	4	2	7	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1200415.16	1200415.16
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1200415.16	1200415.16
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1200415.16	1200415.16
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1200415.16	1200415.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1200415.16	1200415.16

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	87843.54	87843.54	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	87843.54	87843.54	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	51092.00	51092.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	7100.00	7100.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	146035.54	146035.54	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146035.54	146035.54	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1200415.16	1200415.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1200415.16	1200415.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	87843.54	87843.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	87843.54	87843.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2011

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 4 / 2 0 1 1

Transaction ID: 11AI-1

Amount of Each Receipt this Period

5000.00

In-Kind: Legal & Acctg Se-
rvices

B.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2011

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: 11AI-5

Amount of Each Receipt this Period

2051.17

In-Kind: Services of 2 em-
ployees

C.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2011

☐ Primary ☐ General

☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: 11AI-2

Amount of Each Receipt this Period

1114160.00

SUBTOTAL of Receipts This Page (optional)

1121211.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2011

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: 11AI-6

Amount of Each Receipt this Period

908.83

In-Kind: Services of 2 em-
ployees**B.**

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2011

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	1

Transaction ID: 11AI-3

Amount of Each Receipt this Period

551.00

In-Kind: Legal & Acctg Se-
rvices**C.**

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

2011

☐

Primary

☐

General

☒

Other (specify) ▼

Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 11AI-4

Amount of Each Receipt this Period

76285.00

SUBTOTAL of Receipts This Page (optional)

77744.83

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City

Los Angeles

State

CA

Zip Code

90071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2011

☐ Primary ☐ General☒ Other (specify) ▼
Calendar Year

Aggregate Year-to-Date ▼

1200415.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: 11AI-7

Amount of Each Receipt this Period

1459.16

In-Kind: Services of 2 employees

SUBTOTAL of Receipts This Page (optional)

1459.16

TOTAL This Period (last page this line number only)

1200415.16

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A. Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
In-Kind: Legal & Acctg Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-1-N

Date of Disbursement

01 / 14 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
In-Kind: Services of 2 employees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-5-N

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

2051.17

C. Full Name (Last, First, Middle Initial)
Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
In-Kind: Services of 2 employees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-6-N

Date of Disbursement

02 / 28 / 2011

Amount of Each Disbursement this Period

908.83

SUBTOTAL of Disbursements This Page (optional)

7960.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement
In-Kind: Legal & Acctg Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21B-3-N

Date of Disbursement

03 / 17 / 2011

Amount of Each Disbursement this Period

551.00

B.

Full Name (Last, First, Middle Initial)

Cooperative of American Physicians

Mailing Address 333 S Hope St 8th Floor

City
Los Angeles

State
CA

Zip Code
90071

Purpose of Disbursement
In-Kind: Services of 2 employees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21B-7-N

Date of Disbursement

03 / 31 / 2011

Amount of Each Disbursement this Period

1459.16

C.

Full Name (Last, First, Middle Initial)

Craig Brown Governmental Relations

Mailing Address 1121 L Street, #103

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Consultant: California Public Policy

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21B-3

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7010.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A. Full Name (Last, First, Middle Initial)
Craig Brown Governmental Relations

Mailing Address 1121 L Street, #103

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Consultant: Calif. Public Policy

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-11

Date of Disbursement

03 / 07 / 2011

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Craig Brown Governmental Relations

Mailing Address 1121 L Street, #103

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Consultant: Calif. Public Policy

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-17

Date of Disbursement

04 / 21 / 2011

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Global Strategy Group LLC

Mailing Address 895 Broadway, 5th Floor

City New York State NY Zip Code 10003

Purpose of Disbursement
Polling

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-14

Date of Disbursement

04 / 12 / 2011

Amount of Each Disbursement this Period

34000.00

SUBTOTAL of Disbursements This Page (optional)

44000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

Holland & Knight LLP

Mailing Address Post Office Box 864084

City
Orlando

State
FL

Zip Code
32886

Purpose of Disbursement
Consultant: Federal Public Policy

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-1

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

5050.00

B.

Full Name (Last, First, Middle Initial)

Holland & Knight LLP

Mailing Address Post Office Box 864084

City
Orlando

State
FL

Zip Code
32886

Purpose of Disbursement
Consultant: Federal Public Policy

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-18

Date of Disbursement

04 / 26 / 2011

Amount of Each Disbursement this Period

5074.08

C.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address 1 World Way

City
Los Angeles

State
CA

Zip Code
90045

Purpose of Disbursement
Airfare

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-6-S

Date of Disbursement

01 / 21 / 2011

Amount of Each Disbursement this Period

1376.10

[MEMO ITEM]

SUBVENDOR to A. Peter Kez-
irian

SUBTOTAL of Disbursements This Page (optional)

10124.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

St. Regis Hotel

Mailing Address 923 16th Street, NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21B-7-S

Date of Disbursement

01 / 23 / 2011

Amount of Each Disbursement this Period

489.56

[MEMO ITEM]

SUBVENDOR to A. Peter Kez-
irian

B.

Full Name (Last, First, Middle Initial)

Hook Restaurant

Mailing Address 3241 M Street, NW

City
Washington

State
DC

Zip Code
20037

Purpose of Disbursement
Dinner

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21B-9-S

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

1109.91

[MEMO ITEM]

SUBVENDOR to A. Peter Kez-
irian

C.

Full Name (Last, First, Middle Initial)

Westin Hotel

Mailing Address 1400 M Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Lodging

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 21B-8-S

Date of Disbursement

01 / 25 / 2011

Amount of Each Disbursement this Period

1321.69

[MEMO ITEM]

SUBVENDOR to A. Peter Kez-
irian

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

A. Peter Kezirian

Mailing Address 333 South Hope Street, 8th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Travel Expenses

Candidate Name

002
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-5

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

5139.97

B.

Full Name (Last, First, Middle Initial)

A. Peter Kezirian

Mailing Address 333 South Hope Street, 8th Floor

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement
Meeting

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-12

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

319.33

C.

Full Name (Last, First, Middle Initial)

Lincoln Club of Northern California

Mailing Address 3501 California St., #200A

City San Francisco State CA Zip Code 94118

Purpose of Disbursement
Conference Registration

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-13

Date of Disbursement

04 / 07 / 2011

Amount of Each Disbursement this Period

3290.00

SUBTOTAL of Disbursements This Page (optional)

8749.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

New Majority California

Mailing Address 949 South Coast Drive, #600

City State Zip Code
Costa Mesa CA 92626

Purpose of Disbursement
Organizational Dues

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 21B-15

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2011

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

87843.54

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians IE Committee

A.

Full Name (Last, First, Middle Initial)

Health Coalition on Liability and Access

Mailing Address Post Office Box 78096

City Washington State DC Zip Code 20013

Purpose of Disbursement
Membership Dues

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29-2

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Pacific Council on International Policy

Mailing Address 801 S. Figueroa Street, Suite 1130

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Civic Organization Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29-4

Date of Disbursement

02 / 14 / 2011

Amount of Each Disbursement this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Pacific Council on International Policy

Mailing Address 801 S. Figueroa Street, Suite 1130

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Civic Organization Donation

Candidate Name

012
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 29-10

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

7100.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 17 / 17

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Cooperative of American Physicians IE Committee		FEC IDENTIFICATION NUMBER ▼ C C00492116	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Kennedy Communications, Inc.		Date M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 1	
Mailing Address 1730 M Street, NW Suite 1010		Amount 25546.00	
City Washington State DC Zip Code 20036		Transaction ID: E-16	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Janice Hahn		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special 2011	
Calendar Year-To-Date Per Election for Office Sought		51092.00	

Full Name (Last, First, Middle, Initial) of Payee Kennedy Communications, Inc.		Date M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 1 1	
Mailing Address 1730 M Street, NW Suite 1010		Amount 25546.00	
City Washington State DC Zip Code 20036		Transaction ID: E-19	
Purpose of Expenditure Mailing		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 36 <input type="checkbox"/> Presidential	
Category/Type 011		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Janice Hahn		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special 2011	
Calendar Year-To-Date Per Election for Office Sought		51092.00	

(a) SUBTOTAL of Itemized Independent Expenditures	51092.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	51092.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kirk Alan Pessner

Signature

Date

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1